## **Department of Human Services**

## Division of Child Care & Early Childhood Education Child Care Attendance Record

lame of Facility	

## Month

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Child's Name ( First and Last name)		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	Total
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I declare under penalty of perjury that the above information is true and that these children were provided child care at the above location on the days listed above. I understand that I must repay any overpayment resulting from false or incorrect information and that I may be prosecuted for fraud.

DHS 9800 A2

Director/ Owner Signature

Date